



**Company name** STRYDOM FUNERALS  
**Registration Number** 2015/186495/07  
**Contact number** STRYDOM FUNERALS  
**Email address** strydomfuneralhome@gmail.com  
**Physical address** ADDERLEYSTREET 33 OUDTSHOORN

## BURIAL CONFIRMATION

This letter serves as proof that STRYDOM FUNERALS will be conducting the burial service for Kaaitjie Boesak who passed away on 20/06/2026. The burial services is scheduled to take place on 28/07/2026 at De Rust

### The details of the burial is as follows

**Name & Surname** Kaaitjie Boesak  
**Identity Number** 6005270191086  
**Date of Death** 20/06/2026  
**Date of Burial** 28/07/2026  
**Location of Burial** De Rust  
**Society Name** STRYDOM FUNERALS

If you require any additional information or documentation, please do not hesitate to contact us.

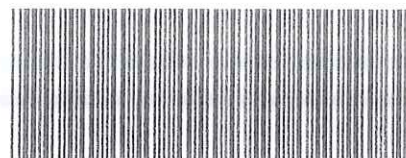


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J515215

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with ☒ the CORRECT box, where required. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth? ☒ 1.1 Death ☐ 1.2 Stillbirth

2. Identification of the deceased (tick one box):

☒ 2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

☐ 2.2 Stillborn child

☐ 2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

☐ 2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

☐ 2.5 The deceased was already buried prior to the completion of this form

☐ 2.6 The deceased was unidentifiable: ☐ 2.6.1 Burnt ☐ 2.6.2 Decomposed ☐ 2.6.3 Other (specify) \_\_\_\_\_

☐ 2.6.4 DNA samples retrieved for identification purposes ☐ 2.6.5 Dental records taken for identification purposes

3. Date of Death / stillbirth

20200620

4.1 Place of Death/stillbirth (City/Town/Village)

00065H00R

4.2 Province of Death/stillbirth

WESERGRCAPE

5. Place of Registration of Death / stillbirth

00065H00R

6. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

9. Identity No. (Passport No. if foreigner)

6006270191086

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

19600527

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

BOGSAK

13. Previous / Maiden Surname

14. Forenames

KARAITJIB

15. Usual\* Residential Address:

Street: PANASCROCK 12

Town: 00065H00R

Province: WESERGRCAPE

Postal code: 6625

16. Citizenship

MSA

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

00065H00R

16.2 Province of Birth

WESERGRCAPE

17. Marital Status of the deceased

☐ 17.1 Single

☒ 17.2 Married

☐ 17.3 Widowed

☐ 17.4 Divorced

18. Education level of deceased, (Specify only the highest class completed)

None

Gr R

Gr 1

Gr 2

Gr 3

Gr 4

Gr 5

Gr 6

Gr 7

Gr 8 Form 1

Gr 9 Form 2

Gr 10 Form 3 NTC 1

Gr 11 Form 4 NTC 2

Gr 12 Form 5 NTC 3

Univ Tech

☒ Known

(mark with a ☒)

19. Usual occupation of deceased (type of work done during most of working life)

20. Type of business / industry: (mark with a ☒)

1. Agriculture, hunting, forestry and fishing

2. Mining and quarrying

3. Manufacturing

4. Electricity, gas and water supply

5. Construction

6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants

7. Transport, storage and communication

8. Financial intermediation, insurance, real estate and business services

9. Community, social and personal services

10. Private households, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined

21. Was the deceased a regular\*\* smoker five years ago? (mark with a ☒)

☐ 21.1 Yes

☐ 21.2 No

☒ 21.3 Do not know

☐ 21.4 Not applicable (minor)

\* Where the deceased lived on most days. \*\*Smoking tobacco on most days.

*Strydom*  
DEGRAFIENSTEL  
24/2/2020  
GEGERTIFIEERDE WAARE AFKRIEF VAN DIE OORSPRONKELIKE DOCUMENT  
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT  
2366/26





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

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**B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- ☒ 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to **Natural Causes**  
☐ 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to **Natural Causes**

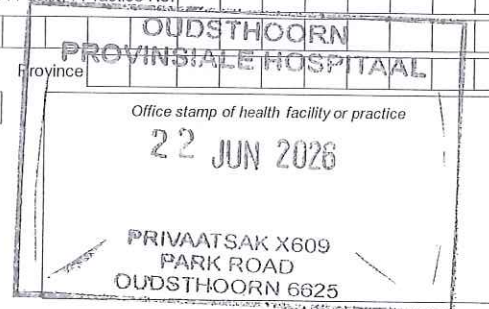
Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

24. Surname **CROUS**  
 25. Forenames **ZANORZ**  
 26. Name of Health Facility / Practice **OUDESTHOORN HOSPITAL**  
 27. Facility / Practice No. **MP1023683**  
 28. Business Address: Street **PARK ROAD**  
 Town **OUDESTHOORN**  
 Telephone No. (Office) **044 203 7200** Postal Code **6625**

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed **Oudestroom**  
 Date signed **20 26 06 22**

Signature



**C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST**

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

- ☐ 30.1 Natural ☐ 30.2 Unnatural ☐ 30.3 Under investigation

31. Date of Post-mortem **20 26 06 22**  
 32. Name of Medico-legal Mortuary  
 34. Mortuary Reference Number of Deceased  
 35. SAPS Case No.  
 36. Name of Police Station  
 36.1 HPCSA Registration No.

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

37. Surname  
 38. Forenames  
 39. Business Address: Street  
 Town  
 Telephone No. (Office)

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed  
 Date signed **20 26 06 22**

Signature



Office stamp of mortuary

**D. PARTICULARS OF INFORMANT**

Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) **9101160223084**  
 41. Date of Birth **20 06 1960**  
 42. Citizenship **MSA**  
 43. Surname **DAMONS**  
 44. Forenames **JOHANNES**  
 45. Residential Address: Street **RANDSEI-2-2C**  
 Town **PERUST**  
 Province **WESTERN CAPE** Postal Code **6660**  
 Telephone No. (Home)  
 Cellphone No.  
 46. The Deceased is my: ☐ 46.1 Parent ☐ 46.2 Spouse ☐ 46.3 Child ☐ 46.4 Other, Specify **Aunt**

I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Signature **J.C. DAMONS**

Date signed **20 26 06 22**

**GOES HAN**



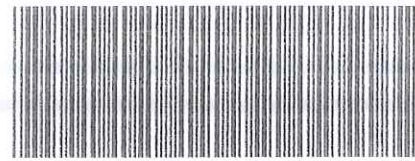


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

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**E. PARTICULARS OF FUNERAL UNDERTAKER**

Instructions: Section E to be completed by **Funeral Undertaker**. The undertaker must take his or her finger print, the finger print of the deceased and the informant. **Authorised Funeral Undertaker or Informant** may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral ParLOUR STRYDOM AN  
48. DHA Designation No. 0618/15 49. Company Reg. No. 2015/186495/07  
50. SARS Reg. No. (Income tax reference no.) 9880915153

**Details of Funeral Undertaker or Authorised Representative**

51. Identity No. (Passport No. if foreigner) 9101625107084  
52. Surname STRYDOM  
53. Forenames ROTHU  
54. Business Address  
Street Adelwisch  
Town ODN  
Province WIL Postal Code   
Telephone No. (Office) 0442791009 Cellphone No.   
55. Date of collection of corpse 20260623 56. Date of Cremation (if applicable) Y Y Y Y M M D D  
57. Place of Burial (City / Town / Village) ODN Province   
58. Date of Burial 20260628 59. Grave No. (if available)



Place signed ODN  
Date signed 20260623 Signature [Signature]

**Name of person who collected the deceased:**

60. Identity No. (Passport No. if foreigner) 0506235180086  
61. Surname STOLLS  
62. Forenames JEAN-LEIGH  
Place signed Oudshoorn  
63. Date signed 20260622 Signature [Signature]

**Office stamp of funeral undertaker**

K2015186495 v/a  
**STRYDOM FUNERAL HOME**  
2015/186495/07  
BTW No: 9880915153  
Pluine Str 2 Oudshoorn, 6625  
TEL: 044 279 1009 CEL: 079 516 0145

**F. FOR OFFICIAL USE ONLY**

Registration of death approved, DHA-1663 received by (particulars of DHA official):

64. Surname   
65. Forenames   
66. Persal No.

Documents included with this notice: ☐ Copy of the deceased's ID ☐ Copy of ID document of the informant  
☐ DHA - 6 (if applicable) ☐ DHA - 1680 (if applicable)  
DHA-1663 was submitted by: ☐ Informant ☐ Funeral Undertaker

**Office stamp of DHA**

**Strydom**  
DEGRAFNISDIENSTE  
117 Oudshoornstr. 2, 6625 Oudshoorn  
044 279 1009  
079 516 0145  
BESERTIGSEER IN WAARE AFSKRIF VAN DIE OORSPRONKLIKE DOKUMENT  
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT  
A. Bath 23/06/26  
Handwritten: 23/06/26

1

I.D. No. 600527 0191 08 6

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME  
**BOESAK**

VOORNAME/FORENAMES  
**KAAITJIE**

GEBORTEDISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SUID-AFRIKA**

GEBORTEDATUM/  
DATE OF BIRTH  
**1960-05-27**

DATUM UITGEREIK  
DATE ISSUED  
**1994-05-06**

UITGEREIK OP GESAAG VAN DIE  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS

2

KEUNISSEWINGS VAN ADRESVERANDERING

1. Hou kennis van KEUNISSEWING VAN ADRESVERANDERING  
in hierdie sake vir aanmelding van adresverandering of  
verandering van besonderhede van u huidige adres by streekl  
naam en/of nommer, etc.

2. Dien in by of by u adres na die streekl- of streekl-afdeling  
DEPARTEMENT VAN BINNELANDSE SAKE

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS with you  
pocket, to report a change of address or change of the particular  
your present address, e.g. name of street and/or street number, etc.

2. Hand in at or post to the nearest regional district office of the  
DEPARTMENT OF HOME AFFAIRS

*Strydom*  
BEGRAFNISDIENSTE

GESERTIFIEERDE WAARE AFKOPPEL VAN DIE OORSPRONKELE DOKUMENT  
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT

Signature / Handtekening

Styl: 10/10/2000



I.D. No. 910116 0223 08 4



S.A. BURGER'S A. CITIZEN  
VANSURNNAME  
**DAMONS**

VOORNAME/FORENAMES  
**IDALETTE CHRISTALL**

GEBORTE/DISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SUID-AFRIKA**

GEBORTE/DATUM/  
DATE OF BIRTH

1991-01-16

DATUM UITGELEK  
DATE ISSUED

2007-11-27

UITGELEK OF OORAG VAN DIE  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS



GEWAGSTREDE WOON- EN POSADRES  
1. Bewaar die bewys van u GEWAGSTREDE WOON- EN  
POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u  
huidse, adres, bv. straatnaam, erfooi-nommer, lens, verander het,  
in die sakkie adreer in die GEDRAGS- en ADRESVERANDERING  
aan die nasie sakkie en moet dit ingeleen word by of gepos word  
BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS  
1. Keep the proof of your REGISTERED RESIDENTIAL AND  
POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of your  
present address (e.g. name of street and/or street number, etc.) have  
been changed, the NOTICE OF CHANGE OF ADDRESS form in the  
pocket at the back of the identity document must be used to report  
the change and it must be handed in, or posted, to the nearest  
regional district office of the DEPARTMENT OF HOME AFFAIRS.

*Strydom*  
BEGRAFNISDIENSTE  
100% SATISFAKSIENSIESTRATEGIE

GESERTIFIEERDE WAARE AFSKRYF VAN DIE OORSPRONKELIKE DOKUMENT  
CERTIFIED TRUE COPY OF THE ORIGINAL DOCUMENT

Signature/Handtekening

236676  
Date of Issue





home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS: OUDTSHOORN

I, Idalette Damon S (full names and surname),

ID no. 9101160223084, residing at 102 Blommet wee

de Rust, contact number 072 950 4363  
084 037 6867

and Sibling (relationship) of the deceased

Kaaitjile Boesak (full names and surname),

ID no. 6005270191086 on behalf of the Boesak

(surname) family hereby authorise the appointment of Strydom funeral home

(funeral parlour/undertaker), business address 33 Adderley St

as the representative to register the death (inclusive of birth or marriage

certificate if required) at Department of Home Affairs.

I. C. DAMONS

Signature of family member

(Must be the same as informant on DHA1663)

Signature of Appointed Funeral Undertaker

Date: 2026-06-23

Name: Rea

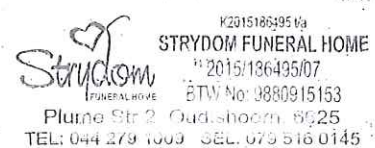
Appointment no. CGNPI/4

Date: 2026-06-23

Left thumbprint of family member



Funeral Parlour Stamp



\*NB - INCOMPLETE DOCUMENT WILL NOT BE ACCEPTED  
NO ALTERATIONS TO BE MADE TO THIS DOCUMENT



home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

8358923

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

ABRIDGED  
DEATH CERTIFICATE

IDENTITY NUMBER: 600527 0191 08 6  
SURNAME: SWART

FIRST NAMES: KAAITJIE

DATE OF BIRTH: 1960-05-27

GENDER: FEMALE

MARITAL STATUS: MARRIED

DATE OF DEATH: 2026-06-20

PLACE OF DEATH: OUDTSHOORN

CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2026-06-23

ISSUED BY: YGV202

*P. A. K. L. P.*  
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X1 BRIDGTON OUDTSHOORN 6623
2026 -06- 23
MEDIUM OFFICE
OUDTSHOORN (18)





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

Annexure 16  
**BURIAL ORDER**  
[Births and Deaths Registration Act 51 of 1992]



[Regulation 16]

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with ☒ the CORRECT box, where required by the HOME AFFAIRS OFFICIAL

Date of Issue

2026 06 23

Serial number of  
DHA-1663

Bar-code number of DHA-1663

JS15215

**A. PARTICULARS OF DECEASED**

Identity number

690527 0191 086

Date of birth

1960 05 27

Passport number  
(if foreigner)

Date of death

2026 06 20

Citizenship

SAC

Sex

FLM910

Surname

Bdick

Previous or Maiden  
surname

Forenames

Kaaithe

Place of death:  
City/Town

00W

Province

WLC

Place of burial:  
City/Town

00W

Province

WLC

Cause of death

Natural ☒

Unnatural ☐

Under investigation ☐



GESERTIFISEERDE WAARE AFKRIEF VAN DIE OORSPRONKELIKE DOCUMENT

CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT

Signature of Informant

23/6/26 Date of Death

**B. AUTHORITY FOR BURIAL OF CORPSE**

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

**C. FOR OFFICIAL USE ONLY**

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official)

Surname

Mtengwanu

Forenames

Cheryl

Persal No.

20693923

Documents included with this notice:

☒ Copy of the deceased's ID/passport

☒ Copy of ID document/  
passport of the informant

DHA-1663 was submitted by:

☐ Informant

☒ Funeral Undertaker

Identity Number of Recipient:

Identity number

910102 5107 054

If Funeral Undertaker:

Designation number

6618115

Signature of recipient

Date received

2026 06 23

